

FOR INSTRUCTIONS, SEE BACK OF FORMS $0$	01 14 AMIN: 58	FORM	STATEMENT
CHECK ONE:		DR-1	OF
☐ This is an <b>initial*</b> Statement of Organization  This is an <b>amended*</b> Statement of Organization	Reset Form	(Rev. 04/2008)	ORGANIZATION
*An initial Statement of Organization must be filed within 10 days of the co	mmittee's accepting contributions,	For Office Use	Only 727
making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open			
committee that exceeds \$750 in activity for another office shall file within 1	0 days either a new or amended	Audited 1	+ mr
DR-1 disclosing information concerning the campaign for the new office sought.			
COMMITTEE NAME 1 (A candidate's committee must include the candidate's last name in the name of the committee.)			
Jack Drake for State Representative			
IMPORTANT: Indicate type of committee you are reporting for:			
COMMITTEE TREASURER (mandatory for all committees)	Name July 4	datory except for a	candidate's committee)
Shirley J. Drake	Name + Larry NI	adson	
Name & Shirley J. Drake Mailing Address & \$564 Adair Street	Mailing Address ↓ ↓ 5 / 2 (	•	
City, State     Zip Code	City, State 1 Zip Code 1 - War Lan Town	51537	
Phone (7/2) 778-2535	Phone (712) 744- 33	55	
e-Mail	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box A	vocate for/against candidate(s)		
Comment or description: State Representative	County/Local Candidates	Advocate against ball and Local Ballot Co	
All Candidates Enter: State Representative	County:		
Political Party (if applicable) Republicah	(If active in multiple ballot is	sue elections, attach	list of counties
District: House District 57	Date of Election:		
1			
Year Standing for Election: SCOS  Bank Account Name (must match committee name)	Candidate name & Address or	Parent Entity (PACs	if applicable).
Bank Account Name (must match committee name)	Candidate name & Address or	Parent Entity (PACs Affiliate, or Sponso	, if apolicable),
Bank Account Name (must match committee name)  Jack Drake for State Representatil	e Jack Drake	Parent Entity (PACs Affiliate, or Sponso	, if applicable). [
Bank Account Name (must match committee name)  Jack Drake for State Representative  Name of Financial Institution/type of Account	Jack Drake  Mailing Address 1 1	Affiliate, or Sponso	. if applicable).
Bank Account Name (must match committee name)  Jack Drake for State Representative  Name of Financial Institution/type of Account  Rolling H: 115 Bank - Checking	Tack Drake  Mailing Address   504 Addrif Str	Affiliate, or Sponso	
Bank Account Name (must match committee name)  Jack Drake for State Representation  Name of Financial Institution/type of Account  Rolling H:115 Bank - Checking  Mailing Address	Tack Drake  Mailing Address   504 Adair 5th  City	Affiliate, or Sponso  C ← +  State ↓ ↓	<u>Zip ↓ ↓</u>
Bank Account Name (must match committee name)  Jack Drake for State Representation  Name of Financial Institution/type of Account  Rolling H:115 Bank - Checking  Mailing Address	Tack Drake  Mailing Address   504 Add it 5th  City   Griswold A	eet State ↓ ↓	<u>Zip ↓ ↓</u>
Bank Account Name (must match committee name)  Jack Drake for State Representation  Name of Financial Institution/type of Account  Rolling H: 115 Bank - Checking  Mailing Address    P. O. Box 588  City    State    State    Zip     Time Time Time Time Time Time Time Time	Tack Drake  Mailing Address   504 Addrir 5th  City   Griswold   Phone (77) 778-2	Affiliate, or Sponso  eet  State + +  Towe 5	Zip ↓ ↓  7/5/35
Bank Account Name (must match committee name)  Jack Drake for State Representation  Name of Financial Institution/type of Account  Rolling H:115 Bank - Checking  Mailing Address	Tack Drake  Mailing Address   504 Add it 5th  City   Griswold A	Affiliate, or Sponso  eet  State + +  Towe 5	Zip ↓ ↓  7/5/35
Bank Account Name (must match committee name)  Jack Drake for State Representation  Name of Financial Institution/type of Account  Rolling H:115 Bank - Checking  Mailing Address    P.O. Box 588  City    State    Towa 51577	Tack Drahe  Mailing Address   504 Adair 5th  City   Griswold   Phone (7/2) 775-2  e-Mail Jack drake	Affiliate, or Sponso  cet  State + +  Towe 5	Zip ↓ ↓  7/5/35
Bank Account Name (must match committee name)  Jack Drake for State Representative Name of Financial Institution/type of Account  ROLL:ng H:115 Bank - Checking  Mailing Address   P.O. Box 588  City	Jack Drake  Mailing Address   504 Adair 5th  City   Griswold   Phone (7/2) 775-2  e-Mail Jack drake  ffirms the following:	eet State + + Fowe 5 538  Onetins.	zip ↓ ↓ T/535 net
Bank Account Name (must match committee name)  Jack Drake for State Representation Name of Financial Institution/type of Account  ROLLING H: LLS Bank - Checking  Mailing Address  P. O. Box 588  City	Tack Drake  Mailing Address   504 Adair 5th  City   Griswold   Phone (7/2) 775-2  e-Mail Jack drake  firms the following:  sat they are subject to the laws in lowa Co	State + +  State + +  Sowe 5  38  On etins.	Zip ↓ ↓  7535  net  68B and the edministrative
Bank Account Name (must match committee name)  Jack Drake for State Representation Name of Financial Institution/type of Account  ROLL:ng H:115 Bank - Checking  Mailing Address  P.O. Box 588  City	Tack Drake  Mailing Address   504 Adair 5th  City   Gris Wold   Phone (7/2) 778-3  e-Mail Jack drake  fillring the following:  that they are subject to the laws in loward colors and that the failure to file in the subject to the failure to file in the subject to the failure to file in the failure	State + + State + + 5-38  On etins.	Zip ↓ ↓  7/5-35  Net  688 and the administrative fore the required due dates
Bank Account Name (must match committee name)  Jack Drake for State Representation Name of Financial Institution/type of Account  Rolling H:115 Bank - Checking  Mailing Address  P. O. Box 588  City	Mailing Address  504 Ada it 5th  City  Fris Wold  Phone (7/2) 775-2  e-Mail Jack drake  Mirms the following:  The placement of the words "paid for by"  I wishes to register a committee name for	Affiliate, or Sponso  CET  State      State	Zip ↓ ↓  7/5/35  Net  68B and the administrative fore the required due dates lenalty and the possible  committee on all political
Bank Account Name (must match committee name)  Jack Drake for State Representation Name of Financial Institution/type of Account  Rolling H: 115 Bank - Checking  Mailing Address  P. O. Box 588  City	Mailing Address   Mailing Address   SOH Ada it Str  City   Griswold   Phone (7/2)   Phone (7/2)   Phone (7/2)   -Mail Suck drake  Minimums the following:  First they are subject to the laws in loward   Consure reports and that the failure to file   Consure reports and that the failure to file   Consumer reports and   Consumer report	Affiliate, or Sponso  e e +  State + +  Towe 5  538  On e + ins.  Code chapters 68A and these reports on or befassessment of a civil p and the name of the corpurposes of using the	Zip ↓ ↓  7/5/35  Net  688 and the administrative fore the required due dates senatty and the possible committee on all political e shorter 'peid for by' and
Bank Account Name (must match committee name)  Jack Drake for State Representation Name of Financial Institution/type of Account  Rolling H: 115 Bank - Checking  Mailing Address  P. O. Box 588  City	Mailing Address   Mailing Address   SOH Ada ir Str  City   Griswold   Phone (7/2)   Ph	Affiliate, or Sponso  Cet  State   Sta	Zip ↓ ↓  7.5 3.5  888 and the administrative fore the required due dates senalty and the possible committee on all political e shorter 'paid for by' and for statewide and local ballot
Bank Account Name (must match committee name)  Jack Drake for State Representation Name of Financial institution/type of Account  Rolling H: 115 Bank - Checking  Mailing Address  P. O. Box 588  City	Mailing Address   Mailing Address   504 Ada ir 5th  City   Gris Wold   Phone (7/2) 775-3  e-Mail Jack Adra Ke  filtrims the following:  that they are subject to the laws in low a Court of the placement of the words "paid for by" to wishes to register a committee name form in lieu of filing this form.  The receipt of corporate contributions by it as permitted by low acode sections 68.	State  St	Zip ↓ ↓  7.5 3.5  7.6 # The following of the required due detessentity and the possible committee on all political eshorter "paid for by" and for statewide and local ballot and rule 351—4.25.
Bank Account Name (must match committee name)  Jack Drake for State Representation Name of Financial institution/type of Account  Rolling Hills Bank - Checking  Mailing Address  P. O. Box 588  City	Mailing Address   SOH Adair Str  City   Griswold   Phone (7/2)   Phone (	State + State	Zip ↓ ↓  7.5 3.5  7.6 # The following of the required due detessentity and the possible committee on all political eshorter "paid for by" and for statewide and local ballot and rule 351—4.25.
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